

**Effective November 10, 1998**

Application or Docket Number

09/855385

(Column 1)

(Column 2)

|                                  |               |              |
|----------------------------------|---------------|--------------|
| FOR                              | NUMBER FILED  | NUMBER EXTRA |
| BASIC FEE                        |               |              |
| TOTAL CLAIMS                     | 20 minus 20 = | * 0          |
| INDEPENDENT CLAIMS               | 4 minus 3 =   | * 1          |
| MULTIPLE DEPENDENT CLAIM PRESENT |               |              |

\* If the difference in column 1 is less than zero, enter "0" in column 2

(Column 1)

(Column 2)

(Column 3)

| AMENDMENT A                                    | CLAIMS REMAINING AFTER AMENDMENT |    | HIGHEST NUMBER PREVIOUSLY PAID FOR |       | PRESENT EXTRA |
|--|----------------------------------|----|------------------------------------|-------|---------------|
|  |                                  |    |                                    |       |               |
| Total  | *                                | 18 | Minus                              | ** 20 | = -           |
| Independent                                    | *                                | 4  | Minus                              | *** 4 | = -           |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                  |    |                                    |       |               |

(Column 1)

(Column 2)

(Column 3)

| AMENDMENT B                                    | CLAIMS REMAINING AFTER AMENDMENT |   |       | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|--|----------------------------------|---|-------|------------------------------------|---------------|
|  | Total                            | * | 19    | Minus                              | ** 20         |
| Independent                                    | *                                | 3 | Minus | *** 4                              | = —           |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                  |   |       |                                    |               |

(Column 1)

(Column 2)

(Column 3)

| AMENDMENT C                                    | RCE | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |
|--|-----|---|-------|---|------------------|
| Total  | *   | 19  | Minus | ** 20                                       | =                |
| Independent                                    | *   | 3   | Minus | *** 4                                       | =                |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |     |   |       |   |                  |

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY  
TYPE ☐

OR

**OTHER THAN  
SMALL ENTITY**

| RATE  | FEE | OR | RATE  | FEE |
|-------|-----|----|-------|-----|
|       |     | OR |       |     |
|       |     | OR |       |     |
|       |     | OR | 880=  | 80  |
|       |     | OR |       |     |
| TOTAL |     | OR | TOTAL | 990 |

## SMALL ENTITY

OR

**OTHER THAN  
SMALL ENTITY**

|                     |                |    |                     |                |
|---------------------|----------------|----|---------------------|----------------|
| RATE                | ADDITIONAL FEE | OR | RATE                | ADDITIONAL FEE |
|                     |                |    |                     |                |
|                     |                |    |                     |                |
|                     |                |    |                     |                |
| TOTAL<br>ADDIT. FEE |                | OR | TOTAL<br>ADDIT. FEE |                |

| RATE | ADDITIONAL FEE |
|------|----------------|
|------|----------------|

**OR**

[illegible]

**OR**

|            |  |
|------------|--|
| TOTAL      |  |
| ADDIT. FEE |  |

08

| RATE | ADDITIONAL FEE |
|------|----------------|
|------|----------------|

**OR**

| RATE | ADDITIONAL FEE |
|------|----------------|
|------|----------------|

OR

|            |  |
|------------|--|
| TOTAL      |  |
| ADDIT. FEE |  |

OR

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**(Column 1)**

(Column 2)

\* If the difference in column 1 is less than zero, enter "0" in column 2

(Column 1)

(Column 2)

(Column 3)

**FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM**

## **AMENDMENT B**

(Column 1)

(Column 2)

(Column 3)

### FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

## AMENDMENT C

(Column 1)

(Column 2)

(Column 3)

### FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

**OR**

**OR**

**OR**

**OR**

**OR**

**FOR**

## SMALL ENTITY

OR

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**OR**

**FOR**

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on

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**OR**

| RATE           | ADDITIONAL FEE |
|----------------|----------------|
|                |                |
|                |                |
|                |                |
| TOTAL          |                |
| ADDITIONAL FEE |                |